

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-015-27469
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name East Millman Unit
Well No. 212
Pool name or Wildcat Millman, QN-GB-SA, East

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1 Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER Convert to WIW

2 Name of Operator  
SDX Resources, Inc.

3 Address of Operator  
PO Box 5061, Midland, TX 79704

4 Well Location  
Unit Letter P 1310 Feet From The South Line and 1310 Feet From The East Line  
Section 15 Township 19S Range 28E NMPM Eddy County

5 Elevation (Show whether DF, RKB, RT, GR, etc.)

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Convert to Injection ☒

12 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12/14/01 - LD rods, pump & tbg. Run 5-1/2" AD-1 PC pkr on 60 jts PC 2-3/8" tbg

12/17/01 - Circ pkr fl & set pkr @ 1860'. Test csg to 300# for 15 min & run chart. OCD notified.

5/4/02 - Begin injection. (Approved by Order WFX-781).

Copy of chart attached.

DENIED

Chart reflects a 30 psi gain in 15 min - Therefore test should have been run for a minimum of 30 minutes. Approval cannot be granted until well has been re-tested IAW NMOC Rules.

I hereby certify that the information above is true and complete to the best of my knowledge.

SIGNATURE Bonnie Atwater

TITLE Regulatory Tech

DATE 02-08-02

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 915/685-1761

(This space for State Use)

APPROVED BY

TITLE

Compliance  
Officer

DATE

2-14-02

CONDITIONS OF APPROVAL, IF ANY:

